



Thorne
Rural District Council

THE SIXTY-NINTH

ANNUAL REPORT

OF THE
MEDICAL OFFICER OF HEALTH
1966



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by
G. HIGGINS, B.Sc., M.B., Ch.B., D.P.H.



THORNE RURAL DISTRICT COUNCIL

(As at 31.5.67)

Chairman:

Mrs. E. DUCKITT, J.P.

Vice-Chairman:

Mr. P. M. WINTERBOTTOM

Members:

Mr. F. I. Bowling Mr. P. Lambert Mr. M. Bushby Mr. A. Lanaghan Mr. S. Cairns Mr. G. M. McDade Mr. P.Carlin Mr. P. E. Moore Mr. W. Carr Mr. J. D. Pickering Mr. G. Hardy Mr. L. Pickersgill Mr. J. Harrison Mrs. P. H. Schofield Mr. J. C. Harrison Mr. J. E. Thomas, J.P. Mr. C. A. Hind Mr. R. W. Turner Mr. G. W. Kenny, J.P. Mr. J. Weaver

OFFICERS OF THE THORNE RURAL DISTRICT

Medical Officer of Health G. HIGGINS, B.Sc., M.B., Ch.B., D.P.H.

Chief Public Health Inspector: H. MORDUE, F.R.S.H., M.A.P.H.I.

Deputy Chief Public Health Inspector: J. NASH, M.R.S.A.S., M.A.P.H.I., M.R.S.H.

Public Health Inspector: A. TATE, M.A.P.H.I

Technical Assistant:

A. LITTLEWOOD

OFFICES OF THE THORNE RURAL DISTRICT

Public Health Department,

P.O. Box No. 4 Council Offices, Thorne.

Telephone: Thorne 2147 Exts. 30 and 27.



Council Offices, Thorne,

June 1967.

To the Chairman and Members of the Thorne Rural District Council Mr. Chairman, Ladies and Gentlemen,

I have the honour to present for your consideration the Annual Report for the year ending December 31st, 1966.

The number of live births in the area was 816, a reduction of 22 compared with the previous year, giving a birth rate of 21.3 per 1000 population, still well above the County and National rates. The deaths of children under 1 year of age showed an increase of 4 on the previous year being entirely due to rise in the number of children succumbing to disease of the respiratory system.

The number of deaths from all causes numbered 342, a rise of 15 compared with the previous year, giving a crude death rate of 8.9 per 1000 population. The natural increase being 474 inhabitants. As usual the main causes of death were circulatory disease and cancer. Deaths from cancer again showed a reduction to 64. Deaths from lung cancer showed a slight fall from those of the previous year.

With regard to infectious diseases, the measles epidemic continued throughout the early part of the year and 683 cases were notified, the disease continued to be of a mild nature and no deaths occurred.

From the report will be noted the considerable increase in the notifications of tuberculosis. This was the result of an influx of gypsy families into the area, in one of which all the 7 members (including 6 children) were discovered by my alert nursing staff, after investigation, to be infected with this condition and caused considerable work and anxiety in following up and testing all the numerous school contacts of the children involved. This resulted in the discovery of one further active case and several who showed evidence of having been in contact. All the active cases were treated in hospital and no further cases have occurred. It is indeed fortunate that the condition was discovered very shortly after the family had moved to this area and illustrates the alertness all staff must have in protecting the public health and the dangers involved to the community from those families with sub-normal living standards.

There were some interesting developments during the past year, the increase in co-operation between the three branches of the health service has gained increased momentum with the formation of four planning committees concerned with obstetrics, mental health, geriatrics and cervical cytology, on all of which this area is represented by myself. Although this has entailed many extra hours being spent on committee work, the benefits obtained have undoubtedly proved well worthwhile.

The cervical cytology scheme has got off to a good start and three monthly clinics are now in operation, the medical staffing of which has been done by part-time practitioners due to the continued inability to obtain local authority medical staff.

In June the wardens scheme for the visiting of aged persons was started in the Moorends area with eight wardens being appointed, and has proved a very useful service. In October following a report to the wardens subcommittee, it was recommended that the scheme should be extended throughout the whole district and this is now being undertaken. It is anticipated that the full implementation of the scheme will involve between forty and fifty wardens with relief for sickness and holidays. To undertake the necessary clerical work it proved necessary to appoint an additional clerk who until the scheme is in full operation is shared with the Public Health Inspectors Department. For the benefit of new Council members, the details of the scheme have been included in the reort.

All the services for which the County Council are responsible have continued to run in a satisfactory manner with expansion in most fields, including the home help service where some 76 women are new engaged

in part-time employment.

There has been an increase in the number of confinements taking place in hospital and this trend is expected to gain considerable momentum when the new hospital maternity block in Doncaster opens in 1968.

Once again the main difficulty throughout the year has been the lack of full-time medical assistance which is delaying development of some services,

mainly in connection with the school health service.

My thanks are due to all those General Practitioners who have helped to staff the various clinic services, and especially to Dr. Kropacz from the Doncaster Division for her help in the ascertainment of handicapped school children. Thanks are also due to the whole staff, both lay and professional for their work and loyal support during the year, including my Chief Clerk who again has been mainly responsible for the statistical part of the report.

I am,

Your obedient Servant,
G. HIGGINS
Medical Officer of Health.

OFFICERS OF THE WEST RIDING COUNTY COUNCIL

(As at 31.12.66)

Divisional Medical Officer: G. HIGGINS, B.Sc., M.B., Ch.B., D.P.H Assistant County Medical Officer: Dr. A. KROPACZ, L.R.C.P., L.R.C.S.

(Part-time)

Part-time General Practitioners Employed as Assistant County

Medical Officers:

Dr. R. M. L. ANDERSON.

Dr. D. W. BALDWIN.

Dr. J. DISLEY, M.B., Ch.B., D.P.H. Dr. R. B. LAIDLAW BECKER,

M.D., D.P.H., D.P.M. Dr. J. G. RIDER. Dr. J. S. TAYLOR.

Dr. A. M. WOODWARD, M.B.,

Ch.B., D.S.H., M.R.C.P.

Miss D. M. E. GOLDTHORPE Divisional Nursing Officer:

NURSING STAFF

Midwives:

Miss M. Elliott Miss J. M. Barkworth Mrs. E. Gorst Mrs. M. Morris Mrs. D. Harries Miss M. Ryall

Mrs. M. Wade

Home Nurses:

Mrs. W. Cairns Mrs. M. E. Edwards Miss E. Gutteridge Mrs. P. Moulds Mrs. J. M. Johnson Mrs. M. P. Lynskey

Mrs. R. Symons

Health Visitors:

Mrs. K. Gott Mrs. M. Haves Mrs. A. D. Jones Mrs. M. Jude

Mrs. I. Will

Assistants to Health Visitor:

Miss C. Ella Mrs. M. Kenny

Mental Health Service:

Mental Welfare Officer: Mr. R Milner

Speech Therapist:

Mrs. J. C. Wedgewood

Chief Clerk:

Mr. J. T. Howitt

Clerical Staff:

Miss G. Bee Mrs. D. Collins Mrs. M. Copley Mrs. N. Fox Mrs. B. Lucas Mrs. F. M. Myers

Mrs. A. P. Smith

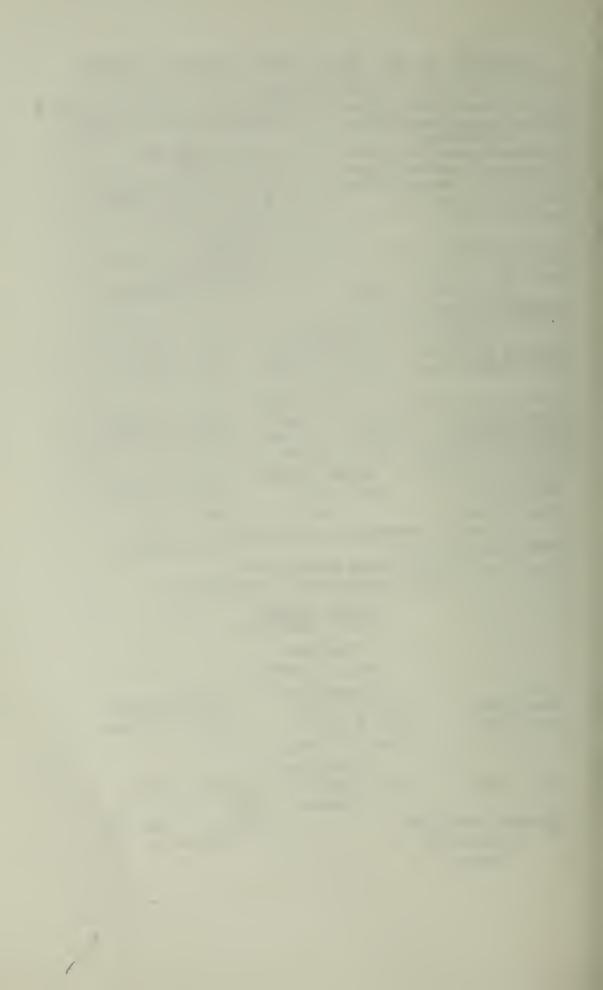
Clinic Clerks:

Mrs. J. Smith Mrs. B. Seddon Mrs. M. Watts

Offices:

Divisional Health Office. Telephone: Thorne 3130 Council Offices. and 2147 Ext. 28

Thorne.



Section 1 - Vital Statistics

NATURAL AND SOCIAL CONDITIONS OF THE THORNE RURAL DISTRICT

Area (in acres) Population (Registrar's n Number of inhabited h Sum represented by Penn	iouses		· · · · · · · · · · · · · · · · · · ·	38,419 38,310 11,523 £ 3220.
	TATISTIC	S		
Live Births:		Male	Female	Total
Legitimate Ill e gitimate		394 29	365 28	759 57
		423	393	816
Birth Rate per 1,000 estimated pop Birth Rate of England & Wales per Birth Rate of West Riding Admi Still Births:	1,000 pop			21.3 17.7 18.2
		Male	Female	Total
Legitimate		1	8	9
Illegitimate	••			**
		1	8	9
Still Birth rate per 1,000 live and sti Still Birth rate for England & Wa Still Birth rate for West Riding A	les	ve County		10.9 15.4 14.4
Infant Deaths:		14.1.	F1-	70° - 4 - 1
Legitimate		Male 14	Female 8	Total 22
Illegitimate	••	_	_	
		14	8	22
Deaths of Infants under 4 weeks of	age (includ	ded in the	ahove)	
Deaths of Infants under 4 weeks of	age (merue	Male	Female	Total
Legitimate	•••	5	4	9
Illegitimate	••	_	_	**
		5	4	9
Deaths of Infants Under 1 Week of	Age:	Male	Female	Total
Legitimate		4	4	8
Illegitimate	•••	_		_
		4	4	8
Infant Mortality rate per 1,000 live	hirths			27.0
Infant Mortality rate for England &			• • •	19.0
Infant Mortality rate of West Ridin		rative Co	anty	19.8

Perinatal	Mortality	rate — per 1,000 live births	 20.6
**	"	W.R.C.C.	 25.1
,,	"	E. & W.	 26.3

Causes of Death in the Thorne Rural District as supplied by the Registrar General for 1966 (including Infant Deaths)

C

`			
Cause of Death:	Male	Female	Total
Tuberculosis, Respiratory	1	_	1
Syphilitic Disease		1	1
Meningococcal Infections	_	1	1
Malignant Neoplasm, Stomach	3	4	7
Malignant Neoplasm, Lung, Bronchus	11	3	14
Malignant Neoplasm, Breast		1	1
Malignant Neoplasm, Uterus		1.	1
Other Malignant and Lymphatic Neoplasms	18	19	37
Leukaemia, Aleukaemia	1	3	4
Diabetes	1	2	3
Vascular Lesions of Nervous System	19	19	38
Coronary Disease, Angina	34	22	56
Hypertension with Heart Disease	2	3	5
Other Heart Disease	12	19	31
Other Circulatory Disease	10	10	20
Influenza	1	1	2
Pneumonia	9	8	17
Bronchitis	22	5	27
Other Diseases of Respiratory System	2	1	3
Ulcer of Stomach and Duodenum	3		3
Gastritis, Enteritis and Diarrhoea	4		4
Nephritis and Nephrosis	4	2	6
Hyperplasia of Prostate	3	-	3
Congenital Malformations	4	1	5
Other Defined and Ill-Defined Diseases	9	13	22
Motor Vehicle Accidents	3	3	6
All Other Accidents	10	9	19
Suicide	3		3
Homicide and Operations of War	2		2
	191	151	342

Death rate per 1,000 population:

Thorne Rural District	8.9
West Riding Administrative County	12.1
England & Wales	11.7

INFANT DEATHS 1966

There were 22 infant deaths during the year. Details are as follows:—

Cause of Death	One	Total Under One Year of Age			Under 4 Weeks of Age			Under 1 Week of Age			
	M	F	T		M	F	T		M	F	T
Prematurity	3	4	7		3	4	7		3	4	7
Disease of Respiratory System	6	3_	9		1		1		1		1
Gastritis, Enteritis and Diarrhoea	2		2			_					
Congenital Malformation	1		1		_1_		1				
Other defined and ill defined diseases	2	1	3							_	
	14	8	22		5	4	9		4	4	8

Infant Mortality Rate per 1,000 Live Births

Thorne Rural District	27.0
West Riding Administrative County	19.8
England and Wales	19.0

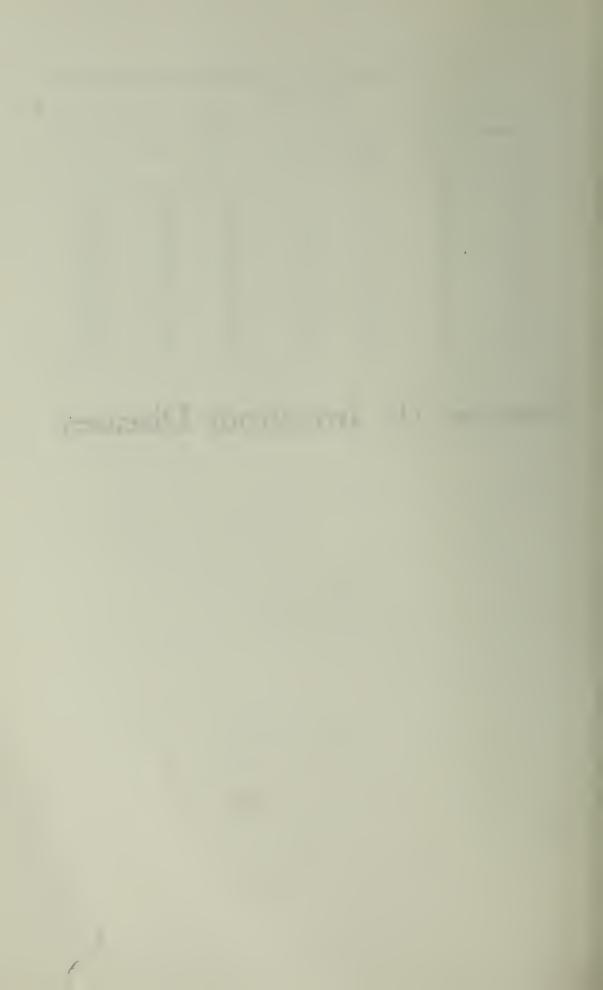
Infant Mortality of Infants Under 1 Week of Age

Thorne Rural District	20.6
West Riding Administrative County	25.1
England and Wales	26.3

Table of Births, Deaths, Natural Increase, Infant Deaths and Infant Mortality Since 1956.

Year	Year Births		Natural	Infant	Infant Mortality		
l our	Direction	Deaths	Increase	Deaths	Thorne Rural Dist.	England and Wales	
1956	763	289	474	29	38	23	
1957	729	292	437	25	34	23	
1958	699	316	383	27	38	24	
1959	719	256	463	15	20	20	
1960	696	276	420	14	20	21	
1961	780	294	486	16	20	21	
1962	795	317	478	23	28	· 21	
1963	788	325	463	28	35	20	
1964	777	344	433	22	28	20	
1965	838	327	501	18	21	19	
1966	816	342	474	22	27	19	

Section II - Infectious Diseases



(Notifiable diseases other than Tuberculosis) during 1966

	Age Group							
Disease	Total	Under 1 year	1—4 years	5—9 years	10—14 years	15—25 years	25 years and over	Admitted to Hospital
Dysentery (confirmed cases only)	6		1	3		1	1	
Measles	683	24	378	278	2	1		7
Pneumonia	16	1	4	4	1	2	4	3
Scarlet Fever	9		5	4				
Whooping Cough	23	3	9	10	1			

It is pleasing to record that once again no cases of poliomyelitis or diphtheria occurred during the year.

The number of measles cases notified was slightly higher than the

previous year — the increase being mainly in the 1-4 age group. The epidemic had abated by the end of the year.

Although gastroenteritis is not a notifiable disease under the Public

Health Act, it is somewhat disturbing to note that during the year 36 children under 4 years of age were admitted to the Tickhill Road Isolation Hospital suffering from the infection.

TUBERCULOSIS

The numbers of new cases notified in 1966 are as follows. Shown also for comparison are figures of four previous years.

Age Groups		New Cases — ALL FORMS								
rige Groups		1966	1965	1964	1963	1962				
0- 4 years	•••	7	1	ě						
5- 9 years					1					
10-14 years	•••					1				
15-19 years	••	3								
20-24 years	•••	1		1	1	2				
25-34 years					5	5				
35-44 years		3	1	3	3					
45-54 years	• • •		1	2	2	1				
55-64 years	••	1		3	3	3				
65-75 years		2	3	3	1	1				

Of the 17 primary notifications, 13 males and 4 females were shown to be suffering from respiratory infection. This figure is the highest recorded since 1961 when 26 notifications were received.

Your attention is drawn to the remarks on this increase in my introductory letter.

From notifications received from hospitals and sanatoria regarding tuberculous patients, there were 16 known admissions and 13 known discharges as follows, these being arranged between the General Practitioner and Hospital Medical Officer.

Hospitals Concerned	Adm	issions	Discharges		
Tiospitais Concerned	Adults	Children	Adults	Children	
Tickhill Road Hospital	12	4	9	4	

DEATHS FROM TUBERCULOSIS

During the year there was one death from pulmonary tuberculosis.

Shown below are details together with details for the past four years for comparison.

	1	Deaths all Causes							
Age Groups		1966	1965	1964	1963	1962			
0-15 years									
15-25 years									
25-45 years			1						
45 and over		1		2	4				
		1	1	2	4				

The tuberculosis death rate per 1,000 population:

	Other	Respiratory	All Forms
Thorne Rural District	_	0.03	0.03
West Riding Adminstrative County	_	0.05	0.05
England & Wales	0.01	0.04	0.05



Section III. W.R.C.C. Services

WEST RIDING COUNTY COUNCIL — CLINIC SERVICES

Dunscroft Child Welfare Centre, Sheep Dip Lane, Dunscroft. (Telephone: Stainforth 502) Home Nurses Injection Clinic Monday from 2-0 p.m. Ante-natal and Infant Welfare Clinic — Tuesday 9-0 - 12 noon Infant Welfare Clinic only Infant Welfare Clinic Tuesday 2-0 - 4-0 p.m. Wednesday 10-0 - 12 noon. (Hatfield Mothers only). Mothercraft Class Monday 2-0 - 4-0 p.m. Handicraft/Social Club for Blind Thursday 12-45 - 4-0 p.m. Screen Testing of Infants Thursday 9-0 a.m. - 12-0 noon. 2nd Friday 9-0 - 12 noon and Chiropody Clinic 1-30 - 4-30 p.m. 3rd Friday 9-0 - 12 noon, 1-30 - 4-30 p.m. and 4-30 - 7-30 p.m. 4th Friday in month Child Guidance Clinic 9-30 a.m. - 4-30 p.m. Hatfield Child Welfare Centre, Victoria Hall, Hatfield. Ante-natal and Infant Welfare Clinic — 1st Monday in month 1-30 - 4-0 p.m. Remaining Mondays of month Infant Welfare Clinic 1-30 - 4-0 p.m. Moorends Child Welfare Centre, Wesleyan Chapel, Northgate, Moorends. Ante-natal and Infant Welfare Clinic — Tuesday 1-30 - 4-0 p.m. Stainforth Child Welfare Centre, Church Road Stainforth. (Telephone: Stainforth 400) Mothercraft Class Monday 2-0 - 4-0 p.m. Cervical Cytology Clinic 3rd Tuesday 2-0 - 4-0 p.m. Infant Welfare Clinic only

Ante-natal and Infant Welfare Clinic — Wednesday 9-30 - 12 noon Wednesday 1-30 - 4-0 p.m. Chiropody Clinic Monday and Thursday 2-0 - 5-0 p.m. Home Nurses Injection Clinic — Friday 9-30 - 12 noon Friday from 2-0 p.m. Thorne Child Welfare Centre and Dental Wing, Stonegate, Thorne. (Telephone: Thorne 2435) Speech Therapy Monday 8-45 a.m. - 5-20 p.m. Monday 2-0 - 3-0 p.m. Mothercraft Class Tuesday 2-30 - 3-30 p.m. Screen Testing of Infants Home Nurses Injection Clinic Tuesday 9-0 a.m. - 12 noon Tuesday from 2 p.m. Infant Welfare Clinic only Wednesday 10-0 a.m. - 12 noon Ante-natal and Infant Welfare Clinic — Wednesday 1-30 - 4-30 p.m. Chiropody Clinic Thursday 9-0 - 12 noon and 1-30 - 4-30 p.m. Alt. Thursdays 9-0 - 12 noon

and 4-0 - 7-0 p.m.

Fishlake and Sykehouse Mothers'
Infant Welfare Clinic
Cervical Cytology Clinic
Dental Clinic

Alt. Thursdays 2-0 - 3-0 p.m.

1st/3rd Fridays 10.0 - 12 noon

Monday 9-15 - 12 noon

1-30 - 5-0 p.m.

Thursday 5-30 - 8-0 p.m.

Friday 9-15 - 12 noon

1-30 - 3-0 p.m.

SPECIALISTS AND CONSULTANT CLINICS

(Attendances made by Appointment only at the Divisional Health Office, Council Offices, Thorne)

Paediatric Clinic: ... C. C. Harvey, B.Sc., M.D., B.S., F.R.C.S., M.R.C.P.

Ophthalmic Clinics: ... K. H. Mehta, M.B., M.R.C.S.(Eng.) D.O.

Orthopaedic Clinic: ... W. H. Maitland Smith, M.D., Ch.B., F.R.C.S., M.C.L., D.R., T.H.

Child Guidance Clinic: ... By Arrangement.

Speech Therapy: ... By Arrangement.

Vaccination and Immunisation: By Arrangement.

LABORATORY SERVICES

These are provided at the Public Health Laboratory, Wakefield.

The examinations carried out at the laboratory include those for milk, water and other biological tests in connection with the clinical services.

AMBULANCE SERVICE

All cases requiring this service, including infectious diseases, are now dealt with by the County Council Ambulance Depot, Bentley, near Doncaster. Telephone No. Doncaster 49468.

VENEREAL DISEASE

There is no Centre for venereal disease in this area, the nearest one being at the Doncaster Royal Infirmary.

Maternity and Child Welfare Service

CHILD WELFARE CENTRES

During the year the following attendances at Centres were made:

		Moorends C.W.C.	Dunscroft C.W.C.	Stainforth C.W.C.	Hatfield C.W.C.
Infant Welfare Sessions held with Health Visitors only General Practitioners		1	78	56	36
employed by L.H.A.	<u>78</u>	47	43	48	_12
-	130	48	121	104	<u>48</u>
Total children attending					
born in 1966	194	88	218	161	47
1965 1961-1964	174 97	78 5 7	237 131	194 132	68 68
	465	223	586	487	183
Total attendances (all					
children)	5356	1901	6102	4385	1355

A Medical Officer is in attendance weekly, except Hatfield where one attends once monthly. There are five child welfare centres in the district. The various sessions being shown under "W.R.C.C. Clinics". In addition, each clinic is staffed by one health visitor and her assistant, together with assistance from voluntary staff.

It is interesting to note that the attendances of children at the Moorends Clinic exceeded the previous year by some 304 attendances. The increase in sessions held and attendances made at the Dunscroft clinic was due to an additional session weekly being introduced in July on Wednesday mornings, the normal Tuesday clinic had so many mothers and babies attending that the Hatfield mothers were asked to attend at a separate session, at which they had the opportunity of meeting the Health Visitor for this area who was appointed in June.

The arrangement at Thorne clinic for mothers and babies from Fishlake and Sykehouse continued satisfactorily throughout the year.

It is with pleasure that I have to report that a plot of land is being purchased in Moorends by the County Council with a view to the erection of a new clinic to replace the present rented premises.

Health Education continues to take an increasing proportion of the Health Visitors time and it is anticipated that this trend will continue in the future.

NATIONAL WELFARE FOODS

Ministry of Health Welfare Foods have continued to be issued throughout the year at all child Welfare Centres during the Infant Welfare Clinics, also at the Child Welfare Centre at R.A.F. Station, Lindholme.

The distribution at three centres is undertaken by voluntary workers, and

I would like to express my sincere thanks for all their efforts during the year.

Orange Juice A and D. Tablets Cod Liver Oil 1966 | 1965 N.D. Milk Apl.-June Jan.-Mar. Period July-Sept

Issues made were as follows

MATERNITY HOME ACCOMMODATION

Any expectant mother who considers that she will be unable to have her delivery at home, due to unsuitable conditions, may apply through her own doctor or midwife for consideration to have her baby in hospital.

Each applicant for a bed is visited at home by a midwife who discusses the possibility of a home confinement and if it is felt to be unsuitable, application for a bed is then recommended.

During the year 77 expectant mothers applied for beds on social grounds.

Analysis of the applicants is as follows:

(a)	Numb	er referred from—General Practitioners	57
		Midwives and Health Visitors	20
(b)	(i)	Number who obtained social bookings	72
	(ii)	Number refused social bookings on grounds of adequate facilities at home	5
	(iii)	Cancellation of application by applicant	4

DENTAL TREATMENT - EXPECTANT AND NURSING MOTHERS

Mothers are offered treatment during the time they are attending their General Practitioners or Local Health Authority ante-natal/post-natal clinic.

They attend for treatment at a dentist of their own choice under the National Health Service.

With the introduction of the new County Council dental wing at the Thorne Child Welfare Centre, seventeen known mothers took advantage of the service provided and 12 received full treatment.

PREMATURE INFANTS

During 1966 there were 66 premature live births. Special visits are arranged by both midwife and health visitor during the first 28 days of life to ensure that the utmost care available is given to the child. Mothers are strongly urged to pay regular visits to the Child Welfare Centre after this period to ensure supervision.

Shown below are details of such babies born during 1966 and their survival:—

	T O			Birth Weig	ghts	
Premature Births	T A L	1½-lbs. & under	1½-lbs. to 2½-lbs	$2\frac{1}{2}$ -lbs. to $3\frac{1}{2}$ -lbs.	3½-lbs. to 4½-lbs.	$4\frac{1}{2}$ -lbs. to $5\frac{1}{2}$ -lbs.
Born at home:						
Alive	11		1	2		8
Dead	2			1	1	
Born in Hospital:						
Alive	55		1	5	9	40
Dead	5		1	3		1
Total Born:						
Alive	66		2	7	9	48
Dead	7		1	4	1	1

										I	ays	Sur	vive	d		
Birth Weight	1	2	3	4	5	6	7	8	9	10	11	12	13	14	Over 14 up to 28	Over 28 Days
1½-lbs. and under																
$1\frac{1}{2}$ -lbs. to $2\frac{1}{2}$ -lbs.		1														1
$2\frac{1}{2}$ -lbs. to $3\frac{1}{2}$ -lbs.	2	1													0 0 0 0 0 0	4
$3\frac{1}{2}$ -lbs. to $4\frac{1}{2}$ -lbs.	2	1														6
$4\frac{1}{2}$ -lbs. to $5\frac{1}{2}$ -lbs.		,													1	47

From the above it will be observed that of live births 58 survived the initial period of 28 days.

Of the infants born alive at home 5 were removed to hospital care.

The number of premature live births (66) shows a considerable increase from the previous year's figure of 48, as the cause of this condition is not fully understood it is difficult to give any reason for this considerable increase.

For many years now a special "Sorrento" premature baby cot with equipment and oxygen has been available for immediate use for the care of a premature or sickly infant at home, or if necessary transfer to hospital.

The County Medical Officer has for some time been investigating the possibilities of providing an electrically heated portable incubator for the transportation of premature or sickly infants to hospital.

During 1966 the County Council purchased a supply of the new type of incubator, specially adapted for use in the County Council ambulances. The incubators are kept at Ambulance Depots and constantly kept at a set temperature for immediate use when called for by either the midwife or general practitioner; on arrival at the infant's home, the incubator is already warm and kept at the proper temperature during the journey to hospital.

NURSERIES AND CHILD MINDERS REGULATION ACT, 1948

The registered child minder removed from the area during the year and cancelled her registration.

Two other persons were registered during the year, both in the Hatfield area. At the time of writing, one is minding six children and the other only one. Both homes have been visited and show a satisfactory standard of care.

CARE OF THE UNMARRIED MOTHER AND HER CHILD

During the year there were 57 illegitimate live births registered.

Unmarried mothers receive special consideration and every help is given to them. In many cases the County Council accept financial responsibility to enable the mother to have her child in a Mother and Baby Home.

Analysis of the known cases in 1966 is as follows:— Cases ascertained through:

			Organis	sations						1
	Own S	taff								40
	Referre	d by o	ther serv	ices 'ices			• • •	•••		5
Ana	lysis of	Cases:								
	Married	d:	with pro	evious i	llegitin	nate ch	nildren			5
			without	previou	ıs illeg	gitimate	child	ren	• • •	8
	Single:		With pr							10
			without	previou	s illeg	itimate	child	ren		21
	Widow	ed or	with pre							1
	Divorce	ed:	without	previous	illegi	timate	childr	en		1
Age	s:									
	Under		rs of age							
		15-19								12
		20-24								15
		25-29				• • •		• • •	• • •	13
		3039						• • •		3
		40 and	over	• • •				• • •	• • •	3
	00.1	46 1		41		441-1	C-11			

Of the 46 known cases, they were settled as follows:—

Married 3, Grandparents to take baby 1, baby adopted 4, baby died 4, and mother kept baby 35. One mother had twins one of which died.

HOME HELP SERVICE

2 0	Maternity C Hours										2000
		Tuber	Tuberculosis	Aged	Aged 65+ Age Chronic Sick	Aged 65— Sick	-59	Ot	Others	and	and hours
		C	Hours	C	Hours	C	Hours	၁	Hours	C	Hours
1961	16 942	11	1722	223	456283	15	1791	22	3159	287	532423
1962	$16 1113\frac{1}{2}$	10	2622	236	480803	20	3045	20	26554	302	57516
Ř	Aged 65 and		n	Cases nder 65	Cases Reclassified During 1963 Under 65 years on first visit during year	ed Durir rst visit	ng 1963 during y	rear		Total	Total Cases
	over on first visit	Chron al	Chronic Sick and Tuberculous	Mer Disor	Mentally Disordered	Maternity	nity	Ott	Others	Ho	and Hours
1963 24	246 50684	24	5208	3	473	19	1250	27	3321	319	98609
1964 27	274 53837	17	4272	4	969	16	722	19	3007	330	62534
1965 276	6 56832	18	3879	5	999	10	388	17	2433	326	64092
1966 29	299 62507	25	43333	3	480	12	287	15	22241	354	698324

The number of cases provided with domestic help was 28 more than the previous year, the number of overall hours worked exceeded the previous year by 5740 hours.

It is interesting to note that this increase, like previous years, is accredited to the over 65 years of age category, where 62507 hours were worked, an increase of 5675 hours over the previous year, the remaining four categories showing little change.

Despite the number of domiciliary confinements, only 12 cases took advantage of this service. It is known that many families refuse this help when the cost to them is known.

All chronic cases are reviewed frequently and hours increased or decreased according to varying individual needs.

The approved basic establishment of equivalent whole time home helps for this area was increased to 26 per week, and upon application to the County Council an average of 9 per week, was also granted from the County reserve pool.

On the basis of hours worked during the year, the number of home helps that could have been employed weekly on a 40 hour basis was 33.6, the previous year being 29.3.

The department now employs a total of 76 part-time and full-time employees on this service which continues to expand rapidly.

It is interesting to note that when this service was first introduced in 1948 only 44 cases were dealt with, the establishment of home helps at that time being 6.

NURSING SERVICES

MIDWIFERY SERVICE

The establishment of domiciliary midwives for this area is ten. First class working relations continued between General Practitioners and midwives. All General Practitioners' ante-natal clinics are attended weekly by County Council midwives.

Staff employed as at 31st December, 1966 are as follows:

Miss J. M. Barkworth	Miss M. Elliott
Mrs. E. Gorst	Mrs. D. Harries
Mrs. M. Morris	Miss M. Ryall
Mrs. M. Wade	

Two midwives attended refresher couses during the year.

Details of the work carried out by County Council midwives during 1966 are as follows:— (1) Number of Deliveries:

Live births 348 Stillbirths 3 of which a doctor was present at the delivery on 117 occasions.

- (2) Number of women discharged from hospital during the lying-in period to the care of the midwife for nursing at home:
 - (a) At forty eight hours ... 57 (b) After 48 hours and including the fifth day 159
 - (c) After the fifth day but before the tenth 60
- (3) In accordance with the rules of the Central Midwives Board, a midwife is required to summon medical aid, in all cases of illness, to the patient and child, and during 1966 medical aid requested was as follows:

(a)	For pregnancy		 4
(b)	During labour	•••	 1
(c)	During the lying in period		 1
(d)	For the child		

The following statutory notices were received from midwives:

(a) Liability to be a source of infection on account of contact with Puerperal Pyrexia ... 1

The number of mothers who received analgesia at the time of confinement is as follows. All County Council midwives are qualified to administer analgesia:

Pethedine		•••	 104
Gas and Air alone			 -
Gas and Air with Pethedi	ne		 _
Trilene alone			 47
Trilene with Pethedine			 159

Facilities for the ante-natal care of the mother exist at the various Child Welfare Centres if a mother particularly desired this, but for many years in this area the practice has been for the mother to attend her own general practitioner's ante-natal clinic where she meets the midwife who, in consultation with the general practitioner, makes satisfactory arrangements for the confinement.

15 general practitioners many in partnerships hold specially arranged ante-natal sessions in their sugeries and during the year County Council midwives attended on 448 occasions.

37

Special weekly mothercraft and relaxation classes are arranged at both the Dunscroft and Stainforth Child Welfare Centres by County Council midwives.

During 1966 the following sessions were held:

Dunscroft Child Welfare Centre

Wednesday afternoons — 40 sessions were held, when 59 expectant mothers attended on 342 occasions.

Stainforth Child Welfare Centre

Monday afternoons — 24 sessions were held, when 16 expectant mothers attended on 85 occasions.

Thorne Child Welfare Centre

Monday and Tuesday afternoons — 79 sessions were held, when 49 expectant mothers attended on 243 occasions.

HOME NURSING SERVICE

The staffing situation of Home Nurses during the year has been satisfactory. The establishment of qualified nurses has been fully maintained throughout the year.

Good co-operation continued with the General Practitioners.

One nurse was absent on maternity leave for 18 weeks.

The following nurses were employed at the 31st December, 1966:

Mrs. J. M. Johnson - Dunscroft

Mrs. M. P. Lynskey - Thorne (South)

Miss E. Gutteridge — Moorends

Mrs. M. E. Edwards — Thorne (North)

Mrs. P. Moulds — Stainforth, Fishlake, Sykehouse Mrs. R. Symons — Dunscroft and part of Stainforth

Mrs. W. Čairns — Divisional Relief Nurse for all areas.

Details of work carried out by these nurses during the year are as follows:

Cases Attended:					No. of	No. of
					Cases	Visits
Medical		• • •			492	14677
Surgical			•••	•••	158	3810
Tuberculosis					13	620
Maternal Complic	cation		• • •		23	197
Infectious Disease	es				13	103
					699	19407
Included in the above ar	e:					
(a) Patients over	65 at f	irst visi	it		337	11158
(b) Patients who				24 visi	its 209	14720
The amonial wooldly injury						at Stainfor

The special weekly injection clinics continued satisfactorily at Stainforth Thorne and Dunscroft throughout the year.

HEALTH VISITING

For many years the department has enjoyed the services of seven fully qualified Health Visitors. However, during 1965 two retirements and one resignation occurred. The County Council could not arrange for replacements until June 1966 when one qualified Health Visitor was appointed. Extra help was obtained with the appointment of two Assistants.

All babies visited by a Health Visitor for the first time have a phenylketonuria test, and during 1966 of all the 807 babies visited no positive cases were found.

New babies also receive the Ortolani Test, and during 1966 no positive cases were found.

The following analysis shows the work undertaken by Health Visitors last year:—

				Cases	
Domiciliary Visiting:				First	Total
, ,				Visit	Visits
Expectant Mothers		•••		17	24
Children born in 1966				756	2322
Children born in 1965				630	1659
Children born in 1961-64				1955	2457
Persons aged 65 and over					
(excluding Home Help visits)			144	232
Home Help Cases		• • •			2145
Mentally disordered persons				5	14
Tuberculous households visited				41	159
Infectious diseases in households	;			19	46
Attendances at Clinic Sessions:					
Maternity and Child Welfare				897	
Vaccination and Immunisation	•••	•••	• • • •	0,,	
(Clinic and Schools)				13	
(Chine and Schools)	•••	•••	•••	13	
School Health Service:					
Cleanliness inspections to scho	ols			151	
School Medical Inspections				90	
School medical inspection					
follow-up visits				81	
·					
Health Education Sessions at:				2	
Evening Sessions	• • •	•••	• • •	2 2	
Schools	• • •	•••	• • • •		
Relaxation classes	•••	• • •	•••	33	

DAY AND NIGHT NURSING SERVICE

Other than in exceptional circumstances, the scheme is intended to meet the needs of patients suffering from cancer and other forms of serious illness for short periods in the terminal stage of illness.

Patients who may require this service, which, if required covers both day and night, are referred through their own General Practitioner.

During 1966 the following cases were attended:—

Cancer—7 cases; total number of hours assistance provided—321 hours. Other types of illness—20 cases; total number of hours assistance provided—902 hours.

On each occasion service was provided the same evening upon the day requested by general practitioners.

This is an expanding service, much appreciated by patients. It is difficult however to obtain suitable women to undertake this work. At the moment only one nurse is employed on this service.

Prevention of Illness, Care and After Care Service



TUBERCULOSIS — PREVENTION OF, CARE AND AFTER CARE

The work of the department directed towards the prevention of, and the care and after care of patients suffering from Tuberculosis has continued throughout the year. Patients from this area now attend the Doncaster Royal Infirmary, being under the care of the Hospital Board Chest Physician.

Health Visitors visit patients in their homes ensuring that treatment advised is continued with, and that the general care and welfare of the patient is maintained. During the year there were 17 new cases notified as compared with 6 the previous year. From the 17 new cases and 6 cases removing into the area, 107 contacts were found, and of these 33 received B.C.G. vaccination by arrangements with the Chest Physician.

During the year 159 visits were made by Health Visitors to tuberculous households, compared with 197 for the previous year. Details of B.C.G. vaccination of contacts undertaken by the Chest Physician on behalf of the County Council during the year are as follows:

		Under (mo	Under 1 Year (months)			Ag	Age Groups (years)	S		All
	0-1	1-3	3-6	6-12	1-2	2-3	3-4	5-10 11-20	11-20	
Vaccinated	3	10	5	1	2	-	2	4	5	33
(i) Successful	c	10	4	-		1	2	4	5	31
(ii) Unsuccessful	1		1				1	1	1	1
Not Ascertained					-				1	2

Under the County Council scheme for the prevention of, care and after care of tuberculosis, patients suffering from active tuberculosis and being nursed at home, can, upon the recommendation of the Chest Physician be provided with two pints of milk per day.

The numbers of patients involved are shown below, together with two previous years for comparison.

	1966	1965	1964
(a) Patients receiving nourishment at beginning of	12	13	18
year			
(b) Patients granted nourishment during the year	4	7	5
(c) Grants discontinued	7	8	10
(d) Patients receiving nourishment at end of year	9	12.	13

Recommendations also were made for patients to receive help from the Chest and Heart Association, a voluntary association, sponsored by the County Council and other authorities.

MASS RADIOGRAPHY UNIT

The South Yorkshire Mass Radiography Unit did not visit the area during the year.

B.C.G. Vaccination of Schoolchildren

B.C.G. vaccination against tuberculosis is available to schoolchildren under the County scheme.

No vaccinations were undertaken during the year, this being due to the absence of a Medical Officer trained in this work.

SCREENING FOR THE PREVENTION OR EARLY DETECTION OF CANCER OF THE CERVIX

Proposals for a scheme approved at the May 1965 meeting of the County Council were submitted to the Ministry of Health. In subsequent correspondence, minor amendments were made, but on the 10th August, 1965, the County Council were advised that the Minister approved under Section 28 of the National Health Service Act 1946 the following proposal:—

Cervical Cytology

The Council will provide a service for the collection of cervical smears for cytological diagnostic investigation by hospital authorities. The service will be made available to all women at risk after the necessary laboratory facilities have been provided by the hospital authorities.

The Council will provide a service for the examination of the breasts of women who attend for cervical smears and for instruction in self examination.

In consequence of the above, negotiations were opened with the hospital authorities for the purpose of establishing a scheme for this area.

In July 1966 I was able to advise General Practitioners in this area that a scheme had been prepared and that they could forthwith refer to me any patient who desired such screening.

Arrangements were made at the Thorne Child Welfare Centre for two sessions monthly, but due to the co-operation of the Pathologist at the Doncaster Infirmary who was prepared to accept further smears, I was able to arrange a further clinic, once monthly at Stainforth.

During the year the following information was recorded.

			Thorne C.W.C.	Stainforth C.W.C.
		•••	6	3
		• • •	76	32
			76	32
			1	_
• • •		•••	_	_
66		• • •	61	85
	•••			C.W.C 6 76 76 1

CHIROPODY SERVICE

The County Council scheme covers persons of pensionable age, physically handicapped persons and expectant mothers. Each patient is allowed to have six treatments in a period of one year and for patients who, for medical reasons, cannot attend the various centres for treatment, provision is made for domiciliary treatment.

One Voluntary Association administers a clinic on behalf of the County Council.

Details of patients attending for treatment during the year are as follows:

	Patients At Clinic	Treatment, At Home		
W.R.C.C. Clinics at: Stainforth Child Welfare Centre Dunscroft Child Welfare Centre Thorne Child Welfare Centre		80 25 51	536 292 661	323 72 228
Voluntary Association: Moorends O.P.A	101 415	33	502 1991	159 782

CONVALESCENT HOME TREATMENT

The County Council, under the care and after care scheme, provides for patients of all ages convalescence for those in need, and whom it is felt after such a period of convalescence would be able to return to their former way of life.

Applications must be supported by the patient's own doctor and after consideration the final decision is made by the Divisional Medical Officer.

A number of applications, especially amongst the aged, have had to be refused as it was considered that they were not strictly convalescent cases.

All patients going on convalescence are assessed according to their financial circumstances.

Analysis of the cases is as follows:		1966	1965	1964
Tudor Convalescent Home, Bridlington				5
Metcalf Smith Home, Harrogate	•••	1		1
Hunstanton Convalescent Home	•••		1	
Blackburn and District, St. Annes on Sea			2	
Binswood Short Stay, Manchester	• • •	1		

DOMICILIARY NURSING EQUIPMENT FOR THE SICK

Under the County Council care and after care scheme many items of domiciliary nursing equipment are available to patients being nursed at home.

The equipment is loaned from the Divisional Health Office for a temporary period only (renewable every month) upon application being made by the patient's General Practitioner or the Home Nurse who may be in attendance.

The main items of equipment loaned are shown below. During the year 528 issues of equipment were made, as compared with 564 the previous year:—

				10	oan at	Total Issues in the year
Bedding — blankets		•••			25	25
Bedding — pillows		• • •			9	9
Bedding — sheets					16	16
Bed Cradles — all sizes					6	11
Bed pans — all types					57	75
Bed rests					30	35
Bedsteads — ordinary	• • •	•••			. 6	6
Bedsteads — special					8	10
Commodes	• • •	• • •		• • •	16	20
Enuresis Alarms				•••	14	41
Mattresses — all types			•••	•••	11	11
Open air shelters		•••	•••	• • •	1	1
Pressure rings		•••		• • •	40	42
Rubber Bed Sheets		•••		•••	66	75
Urinals — male and female	•••		• • •	• • •	49	50
Walking aids — special types			•••	• • •	23	29
Wheelchairs	• • •	•••	•••	• • •	14	40
Special Lifting Hoists		•••	• • •	• • •	2	5
Adjustable crutches			• • •	• • •	2	2
Electric Liquidisor					1	1

CARE OF THE AGED — WARDENS SCHEME

During 1965 a Sub-Committee was formed by the Thorne Rural District Council to explore the possibility of providing a Wardens Service for the daily visitation of aged persons in their homes, as part of the County Council Welfare Service.

In consultation with Old Peoples Organisations in Moorends, a draft scheme was prepared for the appointment of eight wardens, each of whom would be responsible for approximately 20 aged persons, and for the appointment of two relief wardens.

This scheme was submitted to the County Council Sub-Committee in March 1966, and in April 1966 the West Riding Health Committee finally

approved the scheme.

During the month of June/July 1966 the eight wardens were appointed and daily service commenced.

The general terms under which the wardens operate are as follows:—

(1) The service is provided primarily for those elderly persons who, while they are able to live normally in their own homes and look after themselves, may from time to time need help and guidance and a friendly oversight from someone who can readily be contacted.

(2) A warden is not required to provide physical help except of course in an emergency, when assistance given would be that normally expected from

any good neighbour.

(3) The basic responsibility is to ensure that any service required by an elderly person is sought as soon as possible, whether this be medical,

nursing, domestic, social or financial.

(4) Wardens are provided with telephones and they should have available the telephone number of all appropriate agencies whether statutory or voluntary. Where necessary, contact by telephone can also be made with relatives of elderly persons in situations of emergency.

(5) Wardens in most cases are housewives with normal household commitments. Their primary object is to establish a friendly contact and mutual

understanding with those to whom they give oversight.

(6) In order to maintain reasonable contact it is generally required that the warden carries out a daily round of visits to ensure that any requirements of individuals in the group are being met. There should be concentration upon those persons who for the time being are in need of more help than others.

(7) In most instances the duration of a visit need not be lengthy, and generally the routine calls can be limited to week days; the only necessary visitation at weekends can be restricted to cases requiring special

or urgent attention during those periods.

(8) The success of a scheme depends upon the interest and goodwill of the warden who should encourage the elderly persons under surveillance to regard her as a "good neighbour" to whom they can readily turn for help. At the same time the elderly tenants should be clearly advised as to the limits of the warden's responsibility and method of visitation.

In October 1966 a report was submitted to the Thorne Rural District Council Wardens Sub-Committee on the first three months operation of the scheme in Moorends. It was reported that all eight wardens had carried out their duties satisfactorily and their services much appreciated by the aged

population.

It was further recommended by the Sub-Committee that the Medical Officer of Health be requested to proceed as speedily as possible with the preparation of Warden Schemes to cover the whole of the Rural District and that the County Council be informed and advised that it was estimated to involve the appointment of approximately 40 additional wardens. Each warden to be provided with a telephone and a suitable illuminated sign.

During 1966 a total of 139 aged persons in Moorends received 16,706

visits.

CARE OF THE AGED — HARD OF HEARING

The problem of more convenient centres for the supply of hearing aid batteries for the elderly and infirm deaf was raised in the Doncaster and Thorne areas.

In correspondence between the County Medical Officer and the Sheffield Regional Hospital Board, it was agreed that the Hospital Board would make available batteries for issue to persons who are inconvenienced by infirmity and disability through the County Council Child Welfare Clinics.

On production at a Child Welfare Centre of the booklet issued to every holder of a N.H.S hearing aid, batteries are provided free by the Clinic Clerks

at Infant Welfare sessions.

NATIONAL ASSISTANCE ACT — SECTION 47

During 1966 no cases were removed under the above Act.

Vaccination and Immunisation



Diphtheria, Whooping Cough and Tetanus Immunisation

The parents of each child born in the area, together with as many known new babies arriving in the area, were written to seeking their co-operation in ensuring their child received the necessary protection against diphtheria, whooping cough, tetanus and smallpox. Parents are also provided with special "personal record cards" in a plastic folder for their own use in recording dates when their child received the various injections.

During the year 821 letters were sent to parents, via the Health Visitor, on her first visit to the child. 604 parents replied direct showing their willingness to allow either their general practitioner or the Local Health Authority doctor to arrange immunisation. 248 reminders to parents who failed to reply were sent and 80 of these were returned accepting. 10 parents refused immunisation of their child.

A course of three injections with triple antigen is recommended for protection against diphtheria, whooping cough and tetanus, usually about 2-6 months of age, followed at 6-10 months by three oral doses of poliomyelitis vaccine.

A final vaccination at 18—24 months against smallpox gives the child immunity from all four diseases.

Booster/reinforcing doses are required later in life, usually just before or after entry to school.

Most babies now receive primary immunisation against Tetanus before their first birthday with the use of triple antigen, but for those children on entry to school who have not received such protection, they are offered it in conjunction with a diphtheria reinforcing injection.

Immunisations during 1966 — either singly or combined

Primary Courses		Year	of Bird	th		Others						
	1966	1965	1964	1963	1962/59	Under 16	Total					
Diphtheria	257	305	23	25	46	35	691					
Whooping Cough	257	305	22	25	13	2	624					
Tetanus	257	305	23	25	46	41	697					
Reinforcing Doses du	Reinforcing Doses during 1966											
Diphtheria		1	_		333	241	575					
Whooping Cough		1			77	47	125					
Tetanus		1			329	235	565					

IMMUNISATION IN RELATION TO CHILD POPULATION

Number of children at 31st December, 1966, who had completed a course of immunisation at any time before that date (i.e. 1st January, 1952) either singly or in combination with other antigens.

DIPHTHERIA PRIMARY AND BOOSTER

Age at 31-12-66 i.e. born in year	Under 1 1966	1-4 1965-1962	5-9 1961-1957		Under 15 Total
Number Immunised	257	2212	3803	3660	9932

WHOOPING COUGH IMMUNISATION

Age at 31-12-66 i.e. born in year	Under 1	1-4	5-9	10-14	Under 15
	1966	1965-1962	1961-1957	1956-1952	Total
Number Immunised	257	2204	56	35	2552

TETANUS IMMUNISATION (PRIMARY AND BOOSTER)

Age at 31-12-66 i.e. born in year	Under 1 1966	1-4 1965-1962	5-9 1961-1957		Under 15 Total
Number Immunised	257	2210	3590	1320	7359

POLIOMYELITIS VACCINATION

Fortunately no cases of poliomyelitis occured during 1966, and although immunisation against the disease continued throughout the year when 2575 doses of oral vaccine were given.

The advantage of the oral vaccine is that it has no side effects to the patient, no discomfort when given, and can be given to persons who have already received Salk vaccine.

Details of oral vaccine administered during the year are as follows: -

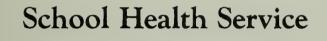
Born in the Year	Primary Course (3 Doses)	Reinforcing Dose
1966	180	_
1965	405	_
1964	5,1	1
1963	29	_
1962/59	53	168
Others under 16 years of age	18	198
		
	736	367

Smallpox Vaccination

Vaccination against smallpox is offered to the parents or guardians of all children during their second year of life. Children whose parents accept are invited to attend the Child Welfare Centre or their own General Practitioner, depending on the parents wishes.

From the figures below can be seen the number of children who received protection together with previous years figures. It must be remembered the 1962 figures were in consequence of the Bradford smallpox outbreak.

Primary Vaccination					
•	1966	1965	1964	1963	1962
0 — 5 years	 229	230	118	73	594
5 — 14 years	 12	10	3	8	1420
15 years plus	 _	_	3	_	1136
					
	241	240	124	81	3150
					
Re-Vaccination					
0 — 5 years	 _	1	14	2	9
5 — 14 years	 3	_	_	_	246
15 years plus	 _	_		_	505
	3	1	14	2	760
Total vaccinations for year	224	241	138	83	3910





During 1966 the following routine medical inspections of pupils in schools were made:

		Physical Condition		Total Defects Four Requiring	nd		
Age Groups by Years of Birth	No. Inspected	Sat Un- sat.		Defects		Treat- ment	Observation
1962 and later	78	7 6	2	Skin		5	12
1961	356	337	19	Eyes (a) Vision	•••	52	12
1960	241	208	33	(b) Squint		11	10
1959	108	99	9	(c) Other		7	1
1958	28	23	5	Ears (a) Hearing		6	8
1957	13	12	1	(b) Otitis Med	ia	4	4
1956	10	10	—	(c) Other		3	1
1955	75	62	13	Nose and Throat		9	25
1954	34	31	3	3 Speech .		8	12
1953	_	_	_	Lymphatic Glands		1	6
1952	53	47	6	Heart		9	12
1951 and earlier	277	207	70	Lungs	• • •	7	10
	1273	1112	161	Development			10
				(a) Hernia		8	3
				(b) Other		6	12
				Orthopaedic		20	8
				Nervous System		4	5
				Psychological		5	6
				Abdomen	•••		1
				Other		4	29

In addition to routine inspections 76 special and re-examinations were done during the year.

Infestation with Vermin

Health Visitors visit schools once quarterly for the purpose of examining pupils for head and body infestation.

During the year 14,142 examinations were made, from which 292 pupils were found to be infested.

SPEECH THERAPY

In July 1966 a Speech Therapist was appointed to work in this area on a part-time basis to work from the Thorne Child Welfare Centre.

Prior to her appointment a very large waiting list of children considered in need of treatment had been created. In an endeavour to give priority to the most urgent cases the Speech Therapist visited schools for personal contact with the child's teacher.

During the year 42 sessions were held and 29 cases treated.

Analysis of cases treated during the year is as follows:-

(a)	Stammering	2
(b)	Defects of Articulation	
	(i) Dyslalia	19
	(ii) Sigmatism	5
(c)	Defective Speech due to	
	(i) Educational sub-normality	3

AUDIOMETER TESTING

All Health Visitors are now specially trained for the ascertainment of hearing loss in very young children. Examinations are undertaken at the Child Welfare Centres and during the year 578 tests were carried out. The portable transistor type audiometer provided by the County Council for Health Visitors was used for the testing of schoolchildren in the 6—7 year age group, and during the year 544 schoolchildren were seen, of which 513 had no appreciable hearing loss. 11 were referred for further investigation by the School Medical Officer and later referred to their General Practitioner for treatment. Two cases were referred for special assessment at the Doncaster Deaf School.

EAR, NOSE AND THROAT

Children found to require treatment from school medical inspections and child welfare clinics are now referred direct to their family doctor. The family doctor then arranges for an out-patient appointment with Miss R.D. Dunsmore, the Consultant Ear, Nose and Throat Specialist at Doncaster Royal Infirmary.

HOSPITAL EYE SERVICE

Children requiring attention to their eyes are referred by the School Health Service to Dr. K. H. Mehta under the Hospital Eye Service, who, in turn, arranges for any necessary treatment.

A special clinic for such children is held once weekly in Doncaster.

During 1966, 112 children were prescribed glasses.

ORTHOPAEDIC TREATMENT

Children from this area can be seen by the Consultant Orthopaedic Surgeon, Mr. W. H. Maitland Smith at a special W.R.C.C. Clinic held at the Doncaster Royal Infirmary.

A clinic is held as required, and during 1966, 16 children were seen from this area.

CONSULTANT PAEDIATRIC CLINIC

Dr. C. C. Harvey, the Paediatrician, holds a special clinic for children of this area as and when required.

During 1966, 7 clinics were held at which he saw 19 new cases and 24 cases from the previous year; attendances totalled 48.

CHILD GUIDANCE TREATMENT

All children with psychological difficulties, emotional disturbances, behaviour disorders, or who appear to be maladjusted in their home or at school, may be referred to the Child Guidance Clinic by appointment.

The clinic is conducted by a Consultant Psychiatrist, Psychologist and Psychiatric Social worker, and is held at the Child Welfare Centre, Woodlands, or at the Dunscroft Child Welfare Centre once monthly.

12 children were seen at the clinic during the year.

DENTAL TREATMENT

The County Dental Officer arranges for the dental examination of children in school and any pupil who may require treatment is invited to attend a very up-to-date and well equipped County Council Dental Clinic at the new Thorne Child Welfare Centre.

MEDICAL EXAMINATIONS — ENTRANTS TO TRAINING COLLEGES

EMPLOYMENT OF CHILDREN

During 1966, 33 entrants to training colleges were examined, also 20 children were examined in connection with applications for employment.

In addition, many other medical examinations were undertaken for entry into the Superannuation Schemes of the County Council and District Council.



Mental Health Service



MENTAL HEALTH SERVICE

Patients from this area who require hospital treatment are usually admitted to the new Psychiatric Wing at the Doncaster Royal Infirmary or to the Middlewood Hospital at Sheffield.

A Mental Welfare Officer is on the staff of this department and is responsible for admissions to hospital, also care and after care follow up of patients discharged home.

During the year 133 mentally ill persons were referred to the Authority, from which the following admissions to hospital were arranged under the Mental Health Act, 1959:

7 patients under Section 29

3 patients under Section 25 1 patient under Section 26

26 known patients admitted informally.

Visits to the mentally ill and sub-narmal patients during the year by mental welfare officers totalled 1782.

At the end of the year there were 474 known persons under local Authority care. 2 sub-normal males were on the waiting list for urgent institutional care.

Of the 91 mentally sub-normal patients living at home, 24 attend daily at the Rawcliffe Training Centre by special transport provided by the County Council, and one adult girl attends the Adwick-le-Street Training Centre.

The adult trainees are now employed at the Training Centres on simple contract work for which a small payment is now made by the County Council.

The Psychiatric Day Centre at Snaith has continued throughout the year, at which 9 patients from this area attended at varying intervals.



The Chief Public Health Inspector's Report 1966

- H. Mordue, F.R.S.H., M.A.P.H.I.
- J. Nash, M.R.S.A.S., M.A.P.H.I., M.R.S.H.
- A. Tate, M.A.P.H.I.
- A Littlewood, Technical Assistant.
- Mrs. V. Renton, Chief Clerk.



ANNUAL REPORT

Mr. Chairman, Ladies and Gentlemen,
I have pleasure in submitting this report on the work of the department during the year.

HU	JUSING
1.	Inspection of dwellinghouses during the year: (a) Total number of dwellinghouses inspected for housing defects under Public Health and Housing Acts 100 Number of inspections made for the purpose 472
2.	Number of defective dwellinghouses rendered fit during the year: (a) Following informal action
3.	Number of cases in which legal proceedings were taken 8
4.	Number of Notices outstanding at the end of 1966 in respect of dwellinghouses requiring defects to be remedied:
	(a) Informal 27 (b) Statutory 33
5.	Number of premises treated for various kinds of vermin 282
SL	UM CLEARANCE — HOUSING ACT 1957
1.	Number of houses included in representations made during the year:
	(a) In clearance Areas 16 (b) Individually Unfit Houses 15
2.	Houses demolished in Clearance Areas 36 Displaced during the year <
3.	Houses demolished not in the Clearance Areas 4
	Displaced during the year — (a) Persons 1
	(b) Families
4.	Houses closed 2
	Displaced during the year — (a) Persons 5 (b) Families 2
	Total number of families rehoused during the year into
	Council owned dwellings 9

NEW DWELLINGS

Completed during the year:	
(a) By Local Authority	75
(b) By Private Enterprise	258
HOUSE PURCHASE AND HOUSING ACT 1959	
STANDARD GRANT AID	
(a) No. of applications for grant aid received during the year	85
(b) No. of applications for grant aid approved during the year	85
(c) No. of dwellings in which improvements were satisfactorily	
executed during the year	93
WATERD OF IDDEX	

WATER SUPPLY

A piped water supply is provided to the greater part of the district by the Doncaster and District Joint Water Board.

The supply to all dwellings is shown thus:

Parish	Houses	Piped Supply	Standpipe	Wells
Thorne	5136	5035	60	41
Hatfield	3807	3759	13	35
Stainforth	2237	2221	2	14
Fishlake	210	174	_	36
Sykehouse	133	87		46
Totals	11523	11276	75	172

The percentage of dwellings with a piped supply is 97.9 — including standpipes 98.5.

DRAINAGE AND SEWERAGE

Approximate state of disposal from dwellinghouses is shown thus:—

Parish	Houses	Main Drainage	Pail Closets	Middens Privy	Cesspools	Septic Tanks
Thorne	5136	4952	62	4	111	7
Hatfield	3807	3569	47	7	182	2
Stainforth	2237	2187	14	9	26	1
Fishlake	210	_	64	5	112	29
Sykehouse	133		79	8	27	19
Totals	11523	10708	266	33	458	58

CLOSET ACCOMMODATION

Premises	Main Drainage	Pail Closets	Privy	Cesspools	Septic Tanks	Totals
Dwelling Houses	11344	266	33	458	58	12159
Commercial premises	1044	12	_			1056
Schools	282	10		12		304
Hotels and Public Houses	156	10		20	12	198
Public Conveniences	23	_			_	23
	12849	298	33	490	70	13740

Number of water closets constructed for new houses on main drainage	331
Percentage of dwellings on Main Drainage	92.9
Percentage of closets in all premises on Main Drainage	93.5
Number of drainage conditions remedied — mainly choked drains cleared	1943

PUBLIC CLEANSING

The service is maintained by two cesspool emptying vehicles of 750 and 1200 gallons capacity both adapted for pail closet emptying. The refuse collection and disposal service is maintained by two vehicles of 50 cu. yards capacity and two of 35 cu. yards capacity, a spare vehicle of 25 cu. yards, a utility vehicle and a loading shovel.

Dustbins and pail closets are emptied weekly privy middens monthly and cesspools by a routine service.

Refuse disposal is by controlled tipping at Bootham Lane, Dunscroft.

Dustbins are provided as a charge against the General rate fund and during the year, 1519 new bins were provided.

MEAT INSPECTION

Slaughtering is carried out at two private slaughterhouses within the district—one at Thorne and one at Dunscroft.

The following table shows the total kill for the year and the incidence of disease.

	Cattle excluding Cows	Cows	Calves	Sheep and Lambs	Pigs	Horses
No. Killed No. Inspected	246 246		_ 	316 316	108 108	_
All diseased except Tuberculosis and Cysticerci						
Whole carcases condemned	_	-	_	_	_	_
Carcases of which some part or organ was condemned		_	_	_	_	_
Percentage of the number inspected affected with disease other than tuberculosis and cysticerci		_	_	_		_

Method of disposal of condemned food — Incineration.

Charges made in respect of inspections carried out

Bovine 2/6 each
Sheep 6d. each
Pigs 9d each

FOOD INSPECTION

21 cwts. 37 lbs of various foodstuffs were condemned as unfit for human consumption, including 2 cwts. 106 lbs. of meat at slaughterhouses.

FOOD AND DRUGS ACT 1955 — SECTION 16

No applications were made for the registration of premises for the sale of ice cream, under the above Act.

One hundred and thirty three retailers are registered for the sale of pre-wrapped ice cream

PREVENTION OF DAMAGE BY PESTS ACT 1949

PR	OPERTIES OTHER THAN SEWERS	TYPE OF PROPERTY		
		Non- Agricultural	Agricultural	
1.	Number of properties in district	12135	312	
2.	(a) Total number of properties (including nearby Premises) inspected following			
	notification ,	217	4	
	(b) Number infested by (i) Rats (b) Number infested by (ii) Mice	161 56	4	
3.			_	
	(b) Number infested by (i) Rats (b) Number infested by (ii) Mice	=		

SEWER TREATMENTS

Routine test baiting of sewers was carried out in April when one system was found to be infested. Follow up poison treatments using Sodium Fluoroacetamide in the infested system were carried out at three monthly intervals.

ATMOSPHERIC POLLUTION

Deposit gauge and lead peroxide readings were taken throughout the year with the following results:-

Month		Rainfall	Total (Solids) Deposits	Sulphur Dioxide
January		 1.04	6.94	2.28
February		 4.04	13.34	2.61
March		 0.83	14.72	1.69
April		 2.85	15.72	0.83
May		 1.95	22.22	0.77
June		 3.11	23.09	0.46
July	• • •	 3.37	12.94	0.53
August		 3.88	7.58	0.48
September		 2.07	4.93	0.65
October		 2.07	9.65	2.11
November		 2.07	9.45	1.45
December		 2.38	13.00	1.99
Totals		 29.66	153.58	15.85
Monthly	Average	2.47 inches	12.80 Ton/sq. mile	1.32 millegrams/100 cms per day

OFFICES, SHOPS AND RAILWAY PREMISES ACT, 1963

Inspection of registered premises commenced in July under the above Act and seventy six premises had received an initial general inspection by the end of the year representing eight offices, sixty six shops and two warehouses. Only three of the premises inspected complied in all respects with the requirements of the Act. The remainder have been informed by notice of the requirements necessary to comply with the standards set by the Act and have been asked to remedy them immediately.

In addition to the above general inspections, visits were made to premises for which no registration had been received to determine whether or not these premises came within the scope of the Act. The physical survey is carried out in conjunction with the general inspections work progressing on a Parish basis. As a result of this survey twenty three new registrations have been received which in my opinion justify the time spent on the exercise.

Total visits made during the year number 173 of which 82 visits were made to premises in order to carry out the initial general inspection.

The number of premises of all classifications having registered by 31.12.66 totalled 202 and approximately 38% of these have received the initial inspection.

INSPECTIONS

In general there has been little difficulty experienced in carrying out the initial survey and many of the owners/occupiers of premises visited have indicated willingness to co-operate with the local authority and comply with their recommendations.

Very few re-inspections have been carried out to determine to what extent further action is required to secure compliance with the requirements of the Act and therefore no valid or general comment can be made at this stage. However, of the few re-inspections made the firms concerned have co-operated in order to comply even to the extent of constructing an extension, subject, of course, to normal planning approval to provide space for additional washing facilities and sanitary accommodation, etc.

Some of the premises which fall within the scope of the Act are extremely old and I envisage that the persons who are responsible for compliance may be reluctant to install relatively expensive amenities when the property is of limited life particularly where a Town Redevelopment Plan exists. Another difficulty is that where amenities such as sanitary conveniences are lacking difficulty may be experienced in providing the required space for installation particularly where additional legislation also applies i.e. food shops — food hygiene regulations. Also many of these premises have no room for extension or expansion, the boundary being the four containing walls.

(A) REGISTRATIONS AND GENERAL INSPECTIONS

Class of Premises	Number of premises registered during the year	Number of registered premises at end of year	Number of registered premises receiving a general inspection during the year
Offices	4	28	8
Retail Shops	31	156	66
Wholesale shops Warehouses	1	3	2
Catering Establishments open to the public, canteens	1	15	Nil
Fuel storage depots	Nil	Nil	Nil
Totals:	37	202	76

Total number of visits of all kinds by Inspectors to Registered

Premises under the Act 82

(B) ANALYSIS OF CONTRAVENTIONS

Section	Number of Contraventions found				
4	Cleanliness	8			
5	Overcrowding				
6	Temperature	40			
7	Ventilation	26			
8	Lighting	12			
9	Sanitary conveniences	24			
10	Washing facilities	18			
11	Supply of drinking water	10			
12	Clothing accommodation	14			
13	Sitting facilities	5			
14	Seats (Sedentary Workers)				
15	Eating facilities	3			
16	Floors, passage and stairs	6			
17	Fencing exposed parts machinery				
18	Protection of young persons from dangerous machinery				
19	Training of young persons working at dangerous machinery				
23	Prohibition of heavy work				
24	First aid General provisions	33			
	TOTAL 199				



